

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/889234

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2				
3				
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24				
25				
26				
27				
28				
29				
30				
31				
32			1	
33			1	
34			2	x
35			2	*
36			2	x
37			2	x
38			2	x
39			2	x
40			2	x
41			2	x
42			2	x
43			2	x
44			2	x
45			2	x
46			2	x
47			2	x
48			2	x
49			1	
50			1	
TOTAL IND.	R	↓	2	↓
TOTAL DEP.	40	⇒	54	⇒
TOTAL CLAIMS	42	⇒	50	⇒

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51				2	✓			
52				2	✓			
53				2	✓			
54				2	x			
55				2	x			
56				2	x			
57				2	x			
58				2	x			
59				2	x			
60				2	x			
61				1				
62				1				
63								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS